Payers' name, street address, city, state, and zii Jnited States Railroad retirement b	<i>/</i> ///////////////////////////////////	ANNUITIES OR PENSIONS B RAILROAD RETIREMENT BOARD
844 N RUSH ST CHICAGO IL 60611-2092 PAYER'S FEDERAL IDENTIFYING NO. 15-6XXXXXX	3. Employee Contributions	
Claim Number and Payee Code	Contributory Amount Paid	COPY B -
2. Recipient's Identification Number	5. Vested Dual Benefit	REPORT THIS INCOME ON YOUR FEDERAL TAX
Recipient's Name, Street Address, City, State, and ZIP Code	6. Supplemental Annuity	RETURN. IF THIS FORM SHOWS FEDERAL INCOME
	7. Total Gross Paid	TAX WITHHELD IN BOX 9 ATTACH THIS COPY TO
	8. Repayments	YOUR RETURN. THIS INFORMATION IS BEING
	Federal Income Tax Withheld	FURNISHED TO THE INTERNAL REVENUE SERVICE.
	10. Rate of Tax	11. Country 12. Medicare Premium Total